

215040893
62901

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 16	Agency Case No. B5-092714	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 10/05/2015		TIME OF ACCIDENT 1352	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1353	10/06/2015	
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. Holdrege 26-25		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE	
C	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D	IF AT INTERSECTION		IF NOT AT INTERSECTION			
1	NAME OF INTERSECTING ROADWAY		<input checked="" type="radio"/> FEET <input type="radio"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING	
V1/M	55.00		25th			
V2/M	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
01	MILES		N S E W	AND MILES		N S E W OF NEAREST CITY OR TOWN
E	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
2	VEHICLE NO. 1					
F	DRIVER LICENSE NO.	H13185094		STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE
V1/N	DRIVER	SARAH N RUOT		PHONE	402-904-6115	
V2/N	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	12/11/1976	
1	OWNER	JOHN B RIK / Sarah N Ruot		PHONE	402-904-6115	
G	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO. LB483153	
1	LICENSE PLATE	PA NO. SUG101	YEAR (Plate Expires)	2015	STATE (Of Plate)	NE
V1/O	VEHICLE	2000	MAKE Chevrolet	MODEL VTR	BODY STYLE Mini van	COLOR white
2	VEHICLE ID NO. (VIN)	1GNDX03E8YD255267		ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 900		INSURANCE COMPANY
V2/O	TOWED TO	TOWED BY		POLICY NO. 7844542		Farm Bureau
I	VEHICLE NO. 2					
1	DRIVER LICENSE NO.	H13679040		STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE
V1/P	DRIVER	KASHIES S WALTERS		PHONE	402-202-4679	
V2/P	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	01/04/1997	
1	OWNER	Kashies S Walters		PHONE	402-202-4679	
J	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input type="radio"/> YES <input checked="" type="radio"/> NO	CITATION NO.	
01	LICENSE PLATE	NO.	YEAR (Plate Expires)	2015	STATE (Of Plate)	NE
V1/Q	VEHICLE	2003	MAKE Honda	MODEL UCL	BODY STYLE 2 door Sedan	COLOR red
V2/Q	VEHICLE ID NO. (VIN)	1HGES16513L010601		ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 800		INSURANCE COMPANY
K	TOWED TO	TOWED BY		POLICY NO. 4412560593		Geico
01	Complete this section for all injured persons (Complete a continuation report, if more than three were injured)					
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5	SEX M F
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5	SEX M F
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5	SEX M F
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-092714

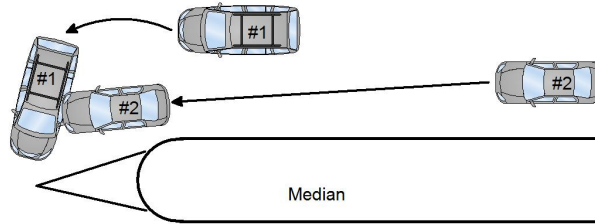


Indicate
North
by Arrow

To 25th

Holdrege St

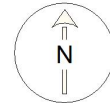
From
26th



Median

POI: 55' E of E curb of
25th
22' S of N curb of
Holdrege
60' Width of Holdrege

Not To Scale



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Driver #1 reports she was westbound on Holdrege 26th-25. She reports she was wanting to go to a store on the south side of Holdrege 26-27. She reports she put her turn signal on to make a U-Turn on Holdrege 26-25 and as she was making her turn vehicle #2 hit her vehicle. Driver #2 reports he was westbound on Holdrege 26-25 behind vehicle #1. He reports he thought vehicle #1 was going to turn northbound onto 25th as it was moving over. He reports he started to go around and then vehicle #1 made a u-turn in front of his and he hit vehicle #1. Driver #2 reports he did not see any turn signal on vehicle #1

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME				PHONE
	NAME				PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA <small>(Enter numbers for each vehicle)</small>				AIRBAG DEPLOYED VEHICLE 1				RESTRAINT USE VEHICLE 1				TOTAL OCCUPANTS					
VEH NO.	N	S	E	W	VEHICLE 1		VEHICLE 2														
1				X	Holdrege																
2				X	Holdrege																
1	07				06 Turning left	POINT OF IMPACT	07	POINT OF IMPACT	02												
2	01				08 Entering traffic lane	MOST DAMAGED AREA	07	MOST DAMAGED AREA	02												
					00 None		02		03		04										
					09 Top & windows		01		05												
					10 Undercarriage		08		07		06										
					11 Total (all areas)																
					12 Other																

OFFICER NO. 935	TROOP/TEAM/BEAT 5	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Brian Ward		INVESTIGATOR SIGNATURE Approved by Officer Brian Ward	
DATE OF REPORT 10/06/2015			